



Taft Stettinius &amp; Hollister LLP

One Indiana Square, Suite 3500 / Indianapolis, IN 46204-2023 / Tel: 317.713.3500 / Fax: 317.713.3699 / www.taftlaw.com  
Cincinnati / Cleveland / Columbus / Dayton / Indianapolis / Northern Kentucky / Phoenix

David L. Guevara  
Direct Dial 317/713-3453  
dguevara@taftlaw.com

August 23, 2013

***Via FedEx and E-mail***

Shelly Lam  
2525 North Shadeland Avenue, Ste. 100  
Indianapolis, Indiana 46219

***RE: Kokomo Dump Site (the "Site")  
1130 South Dixon Road, Kokomo, Howard County, Indiana  
Site Spill Identification Number: C564***

Dear Ms. Lam:

Pursuant to Section XXVII, Paragraph 80, of the Administrative Settlement Agreement and Order (the "Agreement") on Consent for Removal Action (the "Agreement"), the City of Kokomo (the "City") is required to "establish and maintain financial security, initially in an amount of \$2,000,000." Under the terms of the Agreement, the City is permitted to establish the requisite financial security through a "policy of insurance issued by an insurance carrier acceptable in all respects to U.S. EPA, which ensures the payment and/or performance of the [work required under the Agreement.]"

Here, the City has tendered a claim for coverage to Travelers and Selective Insurance Company ("Selective") concerning its legal liability to the U.S. EPA with regard to the Site. Travelers has agreed to provide the City a defense, under a reservation of rights, for its legal liability to the U.S. EPA, as has Selective, under the following insurance policies with the following policy limits:

Insurer	Policy No.	Policy Period	Limits
Travelers	GP09306998	1/1/02-1/1/03	\$2,000,000 occurrence/ \$2,000,000 aggregate
Travelers	GP09309839	1/1/03-1/1/04	\$2,000,000 occurrence/ \$2,000,000 aggregate

Ms. Shelly Lam  
August 23, 2013  
Page 2

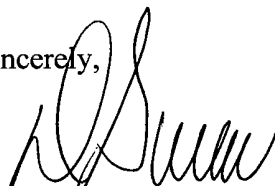
Insurer	Policy No.	Policy Period	Limits
Selective	S1730737	1/1/04-1/1/05	\$1,000,000 occurrence/ \$2,000,000 aggregate
Selective	S1730737	1/1/05-1/1/06	\$1,000,000 occurrence/ \$2,000,000 aggregate
Selective	S1730737	1/1/06-1/1/07	\$1,000,000 occurrence/ \$2,000,000 aggregate

A copy of each of the above-referenced policies is enclosed for your convenience. In view of the coverage secured thus far, and the fact that the City has potential coverage under excess insurance policies too, financial security should be sufficiently established.

Pursuant to Section XXVII, Paragraph 86, of the Agreement, the City is required to secure and maintain "comprehensive general liability insurance and automobile insurance with limits of 2 million dollars, combined single limit." The City is enclosing a certificate of insurance demonstrating that it possesses the requisite coverage in the requisite amounts.

If you have any questions regarding this matter, please do not hesitate to contact me at (317) 713-3453.

Sincerely,



David L. Guevara

Enclosures

cc: Lawrence McCormack (w/o enclosures)  
Brad Adams (w/o enclosures)  
Maria Gonzalez (w/o enclosures)

1917593



# CERTIFICATE OF LIABILITY INSURANCE

KOKOM-2

OP ID: XA

DATE (MM/DD/YYYY)

01/10/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Regions Ins Inc. - Kokomo 2701 Albright Road Kokomo, IN 46902 Pam B/Brett C Split		<b>800-842-7002</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:
<b>INSURED</b> City of Kokomo 100 S Union Street Kokomo, IN 46901		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Selective Ins Co of America INSURER B: Indian Harbor Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 12572 36940	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		S2053106	01/01/13	01/01/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional Liab		BINDER \$1,000,000	01/01/13	01/01/14	MED EXP (Any one person) \$ NO COV
B	<input checked="" type="checkbox"/> EPLI		BINDER \$1,000,000	01/01/13	01/01/14	PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG \$ 2,000,000
						EBL \$ 1,000,000
A	AUTOMOBILE LIABILITY		S2053106	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> COMP/COLL					DEDUCT \$ 5,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		S2053106	01/01/13	01/01/14	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Insured's Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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